Bridging the gap in access to medicines

According to the findings of the second Access to Medicine Index (ATMI), top pharmaceutical companies are engaging in more initiatives to improve access to medicines and are increasingly cooperative and transparent in sharing such information. Could the world be witnessing a new era in shared social responsibility on access to medicines?

The 2010 ATMI, published in June, is a comparative analysis of the top pharmaceutical companies’ access to medicines’ related policies and practices, commissioned by the Access to Medicine (ATM) Foundation and done by RiskMetrics. There have been major changes in methods since the first ATMI in 2008, with new funding and feedback from stakeholders. The Index now covers 33 communicable and non-communicable diseases, and measures commitments, transparency, performance, and innovation of 20 originator and seven generic companies.

“The index identifies and measures the efforts of drug companies that are doing the most to provide access to medicine”, says index founder Wim Leereveld (ATM Foundation, Haarlem, Netherlands), “companies don’t want to stay behind in the ranking. They want to move up if only because the opinions of NGOs [non-government organisations], investors, media, employees, and governments matter to them.” Leereveld told TLID that since 2008, companies have made a 180-degree turn in their willingness to cooperate with compiling the ATMI.

Companies now cautiously welcome the approach, says Hans Hogerzeil, director of essential medicines and pharmaceutical policies, at WHO, which has publicly endorsed the index. Some “have actively tried actions and policies to move up the index”, he says. Caroline Roan, vice-president of corporate responsibility at Pfizer Inc (New York, NY, USA), says that the index “is one of a collection of external tools that we use to track our performance in corporate responsibility and is a central tool in our evaluation of specific activities to improve access to medicines”.

ATMI is also designed to assist other players to improve access. Gregg Alton, executive vice-president of corporate and medical affairs at Gilead Sciences (Foster City, CA, USA), says “if people move beyond the numerical rating and look at what companies are doing, specifically, to make crucial treatments more broadly available, this would potentially enable companies and NGOs to learn from each other’s efforts and find ways to work together”. The index is also important for institutional investors, says Hogerzeil, explaining that, as with green enterprises, interest in responsible investment is a major pressure on companies. Corporate responsibility is part of a sustainable business model that attracts investors, and also good workers, he notes.

“The world is changing”, says Leereveld, “combining social issues with business means there is a real possibility of getting something done.” Companies now acknowledge the industry’s poor reputation and are pursuing corporate strategies that are both responsible and good for business. “The pharmaceutical industry is looking at an evolved business model, beyond philanthropy”, says Jon Pender, vice-president of intellectual property and access, global health, at GlaxoSmithKline (GSK), which ranked first in the index in 2008 and 2010. Aligning corporate responsibility with commercial objectives is good for reputation and for business, says Pender. Roan describes corporate responsibility as the “how” of how Pfizer does business. GSK has an ethical imperative to help tackle killer diseases, says Pender, and “this values-based approach is ingrained throughout the company”.

The ATMI provides company reports that detail leading practices, changes since 2008, and suggested improvements. Examples of leading practices by GSK include price reductions in least-developed countries, eight voluntary licensing agreements for HIV/AIDS products, and the highest number of single drug-donation programmes in the sector. Gilead’s leading practices include 14 voluntary licensing agreements for HIV/AIDS products, and high levels of stakeholder engagement. Examples of Pfizer’s leading practices include a rapid expansion of research collaborations, and together with GSK, the launch in 2009 of Viiv Healthcare, a specialty HIV company committed to not-for-profit pricing and non-exclusive voluntary licensing in sub-Saharan Africa.

Overall, the ATMI shows that the greatest improvements are in tiered pricing and research and development. But these actions do not go far enough, says Tido von Schoen-Angerer, director
of the campaign for access to essential medicines, Médecins Sans Frontières (Geneva, Switzerland). Tier pricing “is a profit-maximising strategy”, he says, citing GSK’s commitment to sell medicines in least-developed countries at no more than 25% of price in the UK. “This is not a sufficient price reduction. Compare this with the 99% reduction that competition brought to HIV/AIDS medicines”, he says. Also, research and development needs to be fundamentally unlinked from product price, he advocates, to stimulate innovation without increasing price.

Despite huge differences, these diverse players do agree in general on some actions needed to improve access. Both companies and wider society continue to call for more incentives and financing to fund research and development, especially in neglected diseases. And, international donors and aid agencies need to continue to sustain the provision of resources to buy essential medicines for the poorest people.

One area that remains particularly controversial is intellectual property. Most essential medicines are not now patented, and most deaths worldwide due to lack of access relate to non-patented medicines. Where access to off-patent medicines is lacking, the responsibility is down to national governments, backed by the international community, large donors, and bilateral agencies, says Hogerzeil. Heads of state at the UN Summit on progress towards the Millennium Development Goals in September need to take action on access to many medicines, such as antibiotics and medicines for non-communicable diseases, and not only for killer diseases, he advocates.

Where intellectual property is especially of concern is over new essential medicines, such as second-line antiretrovirals, most of which are still patented. Access to second-line antiretrovirals has been highlighted as a particularly urgent issue since that the first 5–10% of people treated in the global push for universal HIV treatment are now becoming resistant. In some countries with large treatment programmes, such as Brazil, up to two-thirds of the HIV/AIDS medicines budget might be spent on 10% of the patients who need second-line drugs, which are three to six times more expensive than first-line regimens. Two leading practices to improve access to new patented drugs are licensing agreements, which promote competition among generic companies, and inclusion of products in the UNITAID patent pool, which is due to become active later this year. But, given the increasing problem of antiretroviral resistance, von Schoen-Angerer is concerned about the pace of change in access. To address the access problems of newer, patented medicines, von Schoen-Angerer calls on the UN to bring a greater focus on implementing the WHO strategy on public health, innovation, and property, agreed by all countries in 2008.

Companies have different concerns. “Critics say that intellectual property is a barrier to access because of higher prices and also that it misdirects research and development opportunities to where there is a market”, says Pender, who acknowledges that these concerns contain “a grain of truth”. But he is adamant that because of the costs and time to develop new drugs, “patents are the life-blood of the industry”. Alton concurs, “first and foremost, we need to continue to develop products that improve health [so] we hope wealthy countries recognise intellectual property that allows companies to realise a return on investment in innovation and further invest in new therapies that will be the future generation of products”.

A key determinant of company actions is the broader policy framework, which, says von Schoen-Angerer, needs to be the main focus of improving access. He points to the free-trade agreement between the European Union and India currently under negotiation as an example, since it contains measures more restrictive than required by international trade agreements. Companies, he notes, can influence policy frameworks through lobbying, so “it is disingenuous for the ATMI to suggest that companies have a very positive impact on access”.

“If companies lobby for very restrictive trade agreements and government policies, that’s obstructing access”, says Hogerzeil. And, he explains: “From a human rights perspective, that implies they are not respecting human rights. But actually, they should even do more than respecting the right to health, they should also actively promote it. For example, a patent is a social contract.” If additional steps are not taken to make the newly available patented products available to all those in need of it, this “breaks the social contract and works against the duty to promote human rights—as the company that holds the patent is basically the only entity that can legally do so. Those companies that take this additional responsibility seriously and recognise moral responsibility, increase access to medicines”, Hogerzeil explains.

Recognition of the need for wider cooperation is increasing. Roan comments that “only with collective action and accountability from many different players will measurable improvements in access be achieved”. She describes civil society organisations as “key partners for us in this area” and urges them to expand their role in catalysing movement on access to medicines and broader development issues, and pushing for greater transparency by all parties.

“We cannot constantly complain about the industry and not give them a hand”, Leereveld advocates. “Companies are now very willing to take that hand compared with the past”, he explains. And, he concludes: “how the whole of society manages this issue and how industry collaborates is very exciting, this is new”.

Kelly Morris